PERMIT APPLICATION - GLYCOL DEHYDRATION UNITS

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF AIR QUALITY
SFN58923 (7-08) AP 118

GENERAL

Name of Firm or Organization			Application Date
Person Submitting Application	Title	Phone Number	Email
Mailing Address		City & State	Zip Code

FACILITY INFORMATION

Facility Name		ND Air Pollution Control Permit No.		
Contact Person for Air Pollution Matters	Title	Phone Number	Email	
Facility Address (street & no.)	City	County	State	Zip Code
Facility Location ¼ Sec. Twp. Range	Lat.	Long.	Elev.	Ref. Datum

40 CFR 63, SUBPART HH APPLICABILITY DETERMINATION

The facility is a (check one): ☐ major, or ☐ area source of hazardous air pollutants (HAP) as defined in §63.761. Attach calculations showing expected HAP emissions in accordance with §63.760(a)(1).

The facility (check all that apply):

☐ Processes, upgrades or stores hydrocarbon liquids prior to the point of custody transfer.

☐ Processes, upgrades or stores natural gas prior to the point at which natural gas enters the transmission and storage source category or is delivered to a final end user.

Identify the 40 CFR 63 Subpart HH (MACT HH) affected source:

☐ Glycol (ethylene, diethylene or triethylene) dehydration unit & associated equipment (located at a major source), or

☐ Tryiethylene glycol (TEG) dehydration unit (located at an area source)

The facility is exempt from MACT HH because it:

☐ Is a qualifying black oil facility, or

☐ Is a major source facility, prior to the point of custody transfer, with a facility-wide actual annual average natural gas throughout less than 18.4 thousand standard cubic meters per day and a facility-wide actual annual average hydrocarbon liquid throughput less than 39,700 liters per day.

☐ The facility is not exempt from MACT HH.

EMISSION UNIT INFORMATION

Complete the following for each dehydration unit and MACT HH-affected ancillary emission units:

Emission Unit Description	Emission Unit (EU) Identifier	Emission Point (EP) Number	Pollutant	Emission Rate		Air Pollution Control Equipment
				lb/hr	ton/yr	

Complete the following for each glycol and triethylene glycol dehydration units:

EU	Design Capacity (MMSCFD)	Actual Throughput (MMSCFD)	Gas Pressure (psig)	Gas Temp (°F)	Wet Gas Water Content (lb/MMSCF)	Dry Gas Water Content (lb/MMSCF)	Glycol Recirc. Rate (gal/min)	VOC Emissions (ton/yr)

STACK DATA

Inside Diameter in.	Inside Area Sq. in.	Height Above Grade ft.	Are Emission Control Devices in Place? ☐ yes or ☐ no (if yes complete SFN 8532 (AP-109)
Gas Temperature at Exit °F	Gas Velocity at Exit ft/sec.		Gas Volume scfm
Nearest Residence or Occupied Building		Distance (ft.)	Direction
Nearest Property Line		Distance (ft.)	Direction

Signature of Applicant X	Date

SEND COMPLETED APPLICATION TO:

North Dakota Department of Health
Division of Air Quality
918 E Divide, 2nd Floor
Bismarck, ND 58501-1947

Telephone: (701)328-5188